INTERFACILITY TRANSPORT TASK FORCE

MEETING
JULY 19, 2005 LITTLETON, NH

Members present:

Dave Dubey, Berlin EMS/ EMS Coord. Board; Jonathan Dubey, Berlin EMS; Clay Odell, NHBEMS; Kurt Lucas, Littleton Reg. Hosp.; Jeanne Erickson, Speare Memorial Hospital; Alisa Butler, DHHS-Rural Health; Chandra Englebert, Weeks Medical Center (representing Scott Howe)

Members excused:

Robin Gagnon, Woodsville Ambulance; Scott Howe, Weeks Medical Center; Deanna Howard, DHMC, Nick Mercuri, LRGH/Trauma Medical Review Comm.; Adam Smith, Ross Ambulance; Michelle Willette, Stewarts Ambulance; David Santamaria, Stewarts Ambulance

- Clay Odell expressed concern that the attendance of the task force meetings has been disappointing. It is very important for the success of this effort that a broad, multidisciplinary group contributes to the process. He requested suggestions to encourage more members to attend. Discussion ensued with several useful suggestions.

- Clay distributed copies of an "executive summary" that he condensed from the NHTSA Interfacility Transport Guidelines draft document. He also distributed copies of the current state EMS protocols for interfacility transport. He asked that members read these documents before the next meeting.

- The major effort of today's Task Force meeting was to review actions taken on the work plans from the previous meeting and to make revisions as necessary.

1. *Eliminate decision-making based on ability to pay. Pursue a process that is blinded to insurance information for ambulance service acceptance or refusal of a transfer request.*

Clay said that he had reviewed RSA 153 (EMS Law) and the EMS Administrative Rules and could find nothing requiring an ambulance service to accept interfacility transports or any mention of decision-making based on ability to pay.

The group wishes to investigate whether hospitals can add to the medical resource hospital agreement a section for those ambulance services affiliated with the MRH that wish to do interfacility transports from that MRH. By including the agreement in the MRH agreement the hospital could include revoking a service's MRH agreement if they defaulted on the agreement. The idea is that this would add some teeth to the hospital's ability to ensure that an ambulance service is complying with a requirement to accept or deny a transport request blinded to financial considerations. Clay will look into this.

2. *Draft a generic decision tree to match patient needs with ambulance resources. This will address issues of clinicians complicating the acquisition of an ambulance because they request levels of care that are higher than the patient really needs.*

The task force members reviewed several documents related to clinical decision making. The group will continue to work on this project and will try and foster discussion through email.

3. *Investigate the sharing of crew resources between services for episodes where a full crew is not available but an appropriate EMS provider from another service is ready and willing to serve as a crew member. Two areas to explore are inter-service agreements and a separate entity to "rent" EMS providers as needed.*

Clay reported on the progress he had made. There are few internet sites related to what the industry terms "supplemental staffing" for EMS. Clay made contact with the paramedic from Maine that had been recommended at the June meeting, but that gentleman Indicated that his experience was different from what the task force was looking for.

Clay reported that he investigated several books of business startups that included nursing staffing agencies, and he spoke to two representatives of nursing staffing agencies. This research indicated that it would be possible to create a stand-alone agency to provide supplemental staffing in NH. If that is a direction the task force wishes to go it would require more investigation. Of some concern with this plan was that the same pool of EMS providers that currently work for EMS agencies would be employed by this agency. That could cause a potential conflict and result in EMS providers being on call with the supplemental staffing agency instead of their own agency. The task force decided to table this concept for now.

The task force will next investigate the concept of each EMS agency that does interfacility transports in the region functioning as a supplemental staffing agency when another service needs an EMS provider. We will need to develop a plan for how the concept would work, look into insurance issues, and draft an agreement that services could use.

- Next meeting: The next meeting is scheduled for August 30, 2005 at 10:00 at Littleton Regional Hospital. The task force appreciates Littleton Regional Hospital's continuing support for this committee's meetings.